

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042455

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in lb 60 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3909 Highland		d. STREET ADDRESS (If outside, give location) 3909 Highland	
3. NAME OF DECEASED (Type or print) First CORA Middle K. Last ARNBERG		4. DATE OF DEATH November 25 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-15-1887
9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOTEL MANAGER		10b. KIND OF BUSINESS OR INDUSTRY COMMERCIAL	
11. BIRTHPLACE (City and state or country) SEDALIA, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME ANDREW KELLEN		13b. MOTHER'S MAIDEN NAME MARY GUNTHER	
14. NAME OF HUSBAND OR WIFE ANDREW ARNBERG (DECEASED)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mrs. Grace Corlett		Address 3909 Highland	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL APOPLEXY HYPERTENSION ARTERIOSCLEROSIS		INTERVAL BETWEEN ONSET AND DEATH 5 MIN. 1-2 YRS. 2 YRS.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION KANSAS CITY, JACKSON, MO.	COUNTY STATE
21. I attended the deceased from 10-5-62 to 10-17-62 and last saw her alive on 10-17-62		Death occurred at 7:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Charles H. Maunz D.O.		22b. ADDRESS 3102 Troost, K.C. Mo.	
22c. DATE SIGNED 11-26-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-27-1962	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY	23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR Muehlebach	ADDRESS 6800 Troost	25. DATE RECD. BY LOCAL REG. 11-27-62	26. REGISTRAR'S SIGNATURE R. Leth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

BY AFFIDAVIT OF

Charles W. Maunz

DOCUMENT

MEDICAL CERTIFICATION

Chas W. Mount
Walden Bldg 3102 Truost
WE-1-6064

after 100 Take Pen

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

R. E. Nichols

Licensed Embalmer No.

4997

P. O. Address

K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.